

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/565163

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		①		1		
5		①		1		
6		①		1		
7		①		1		
8		①		1		
9		①		1		
10		①		1		
11		①		1		
12		①		1		
13		①		1		
14	1		1			
15		1		1		
16		2		1		
17		①		1		
18		①		1		
19		①		1		
20		①		1		
21		①		1		
22		①		1		
23		①		1		
24		①		1		
25		①		1		
26		①		1		
27	1		1			
28		1		1		
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50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	26	←		←
TOTAL CLAIMS			29			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						